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AUTHOR Van Dyke, Catherine A.
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ABSTRACT

The purpose of this study was to provide an overview of the complex and growing problem of adolescent suicide. The annotated bibliography consists of 7 articles on recent facts and data, 10 articles on causes determined by research, 11 items on indicators seen in adolescents, and 14 documents on how educators can help. A lack of secure social connections, compounded by poor parental examples, may lead to self-destructive behavior patterns, such as drug abuse, and perhaps later, suicide. Depression is a strong indicator of possible suicidal tendencies. Early recognition and identification by school personnel of such warning signals as prolonged depression in students should raise the alert of a possible suicide. It is recommended that: (1) schools include a mini-unit in the curriculum on suicide; (2) the topic of suicide be discussed openly after making students aware of it; (3) students should know where they can go for help; and (4) a national organization directing its attention towards the prevention of adolescent suicide should be formed. (PPB)

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AN ANNOTATED BIBLIOGRAPHY OF THE LITERATURE DEALING WITH ADOLESCENT SUICIDE AND WHAT EDUCATORS CAN DO TO HELP REDUCE THIS PROBLEM

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BY

CATHERINE A. VAN DYKE

Graduate Student

A Study Directed

by

Charles R. DuVall, Ph.D.

Submitted in partial fulfillment of the requirements
for the course E591--Exit Project
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INTRODUCTION

The rate of suicide for adolescents has risen drastically in recent decades. It has at least tripled in the past 30 years (Bakwin, 1973) Many researchers feel that this is a low estimate. They believe that a vast number of adolescent suicides go unreported. Therefore, the magnitude of the problem may be even greater than it seems. Most high school students today view suicide as a personal concern, and as many as one out of twelve have actually made an attempt to take their own life. (Smith and Crawford 1986)

Researchers, medical personnel, and educators all search for greater understanding of this most serious and complex problem but there is a great deal of contradiction in current research. Studies are affected by the size of the sample, the means used to gather information and whether the sample was taken from known attempters, psychiatric patients, or the "normal" population. There are some important facts that are generally agreed upon. Depression is considered a major problem and is seen as a link to suicidal ideation. (Carlson and Cantwell 1982) Family situations, especially where there is abuse or talk of divorce, can have a serious negative effect on the adolescent. Other frequently mentioned causes are drug or alcohol abuse. (Stanley 1970)

It seems to be impossible to pick out a person who could commit suicide. They may come from any life style and may or may not exhibit psychological problems. There are certain factors

though, which according to research, place a young person in a high risk category. These factors would include recent stressors in the adolescent's life, loss of a major love object, verbal or other communication expressing a wish to die, and a history of depression or suicide within the family. (Toolan 1975)

Mental health clinics, hot line phones, and other social services do not seem to be giving enough assistance, or they are not reaching those with the greatest need. (Witkin 1987) Some researchers feel that a better and more direct course would be through education. Many of today's youth would be better equipped to handle their personal life crises if they were taught some useful coping skills. Many would be able to help themselves and their peers if they had a better understanding of the facts and causes related to the tragedy of suicide.

STATEMENT OF THE PROBLEM

Adolescent suicide has reached epidemic proportions. From the early adolescent formative years, to the years of young adulthood, this problem is a major concern. Research is being carried out constantly but no real answers have yet been found. Educators may have the means to help reduce the threat of this menace to the youth of our society.

PURPOSE OF THE STUDY

The suicide problem in today's adolescents is a complex and growing one. The purpose of this study is to condense and clarify a portion of the information that is currently available. By examining data, research, and professional judgements some of the causes and indicators of suicide should become apparent. The goal of this study is to provide an overview of the problem in broad terms. There will be no simple or clear solution. Each suicide case is individual. However by being aware of certain facts that are known, some better ways of dealing with and reducing the problem may be found.

ORGANIZATION OF THE STUDY

Annotations of research and articles will be presented in four parts. Facts and information from studies published in recent years will be first. Some of the causes that may lead to suicide follow. Researchers believe that certain behaviors can be indicators of suicidal thinking. these will be discussed in the third section. The final portion will deal with suggestions or plans for reducing the incidence of suicide. Ideas or programs now in use will be examined, and new theories will be considered.

LIMITATIONS OF THE STUDY

Suicide among adolescents is a topic of immense proportions. This pervasive problem crosses all socio-economic, gender, and racial boundaries. There is no case that can be called typical. Each has its own set of individual causes and circumstances. This complexity naturally limits this study's ability to focus on specifics or define suicide cases in universal terms. Rather it is an attempt to show the progress and direction of current research.

GLOSSARY

Adolescence - a period of human development occurring between puberty and maturity. (Good 16)

Adolescent - a boy or girl from puberty to adulthood; a young person. (Good 16)

Affective disorder - psychosis, affective; a mental disorder characterized by disturbance mainly in the emotional sphere. (Good 459)

Anti-social behavior - pertaining to conduct that is in conflict with or disregards existing social institutions and social norms. (Good 33)

Artifact - an extraneous error, trick of the setup, conscious or unconscious result of human activity. (Good 42)

Depression - an emotional state characterized by dejection, unpleasant ruminations or foreboding. (Good 172)

Dysphoria - a feeling of anxiety, restlessness and depression of spirit. (Good 200)

Epidemiological - the elements contributing to the occurrence or non-occurrence of a disease in a population, ecology of a disease. (Toolan 1962)

Inhibited - to restrain or suppress an action, emotion or thought. (Shafii 1985)

Stressor - mental or physical tension. (Pfeffer 1986)

Suicide - to kill oneself. (Good 482)

Suicide Attempt - those situations in which a person performs a life-threatening behavior with the intent of jeopardizing his/her life or giving the appearance of such an attempt. (Bailey 1986)

ANNOTATIONS

RECENT FACTS AND DATA

Bakwin, Ruth Morris. "Suicide in Children and Adolescents." Journal for American Medical Women's Association 28 (1973): 643:50.

Dr. Bakwin's article was a report on statistics known for suicide in the United States and other countries. The suicide rate for 15 to 19 year olds was 2.4 per 100,000 in 1954. It rose to 7.3 in 1972. The figures are lower than the true number of suicides. It is believed that as many as 50% of adolescent suicides in the United States are not reported as such. There are over 20,000 certified suicide deaths in the United States each year and many more are unreported. The rate of reported suicide has tripled in the past 30 years. The author cited Los Angeles County. Here statistics for suicide are taken with great care. For youths 10 to 19 years old, the rate more than doubled in one decade. In 1960 3.3 males and 0.4 females per 100,000 took their lives. In 1970 the rate was 10.0 for males and 8.0 for females. In 1967 the figures were 94 boys to 27 girls in the 10 to 14 age group and 624 boys to 212 girls aged 15 to 19. Girls make more attempts. They tend to choose pills, razor and suffocation as a means. Men use guns and hanging more often. Bakwin mentioned a seasonal factor. In the United States the incidence of suicide is highest in May. It falls during the summer and autumn with its lowest point in December. This tendency was similar in children and adults. Bakwin also noted that "the death rate from suicide is higher in the upper socio-economic group." In the United States and in other countries the suicide rate for teenagers resembled that for adults. A final note was on suicide prevention. Although prevention centers have been established, Bakwin stated that there was little evidence that these centers had significantly altered the incidence of suicide.

Holinger, Paul C. "Adolescent Suicide: An Epidemeological Study of Recent Trends." American Journal of Psychiatry 135 (1978): 754-56.

Holinger has researched and compiled vital statistics concerning suicide. It is commonly known that adolescent suicide has drastically increased, but some of these reported statistics clarify the situation. Ten year age levels are used in reporting this data. Ages 5-14 and 15-24 cover adolescence. Rates are consistently higher for males with a ratio of 2-3:1 over females. Suicide rates increased during years of economic depression and decreased with World Wars I and II. From 1961-1975 the rate for the 15-24 age group rose to 11.8 per 100,000, in increase of 131%. This is the highest rate recorded in this country for this age group since national mortality statistics were begun in 1900. Holinger noted that if the 15-24 age group were divided, the rate for the 20-24 age group would be more than twice that for the 15-19 group. This group (20-24) also showed rates for whites and nonwhites to be about equal. The white males in this age increased 146% from 1961-1975. The male to female ratio also tends to be greater. Geographic statistics indicated the Pacific and Mountain division had the highest rates in every age group. Holinger felt that the increased suicide rate was probably not an artifact due to changes in federal classification. The major change between 1961 and 1975 was the Eighth Revision of the International Classification of Diseases (ICD-8), which results in a decrease in the number of deaths classified as suicide. He noted that rates for both 15-19 and 20-24 have doubled over the past 15 years, but the 20-24 group were at far greater risk for suicide. Rates for that group are twice as high. This difference should be recogized as important for planning therapeutic, preventive and research strategies.

Smith, Kim, and Sylvia Crawford. "Suicidal Behavior Among 'Normal' High School Students." Suicide and Life-Threatening Behavior 16 (1986): 313-25.

Smith and Crawford presented this paper at a Conference on Suicide of Adults and Youth in Topeka, Kansas. Their study included 313 high school students from the Midwest. Females represented 65% of the group, 76 of them were from a private all girls school. The average age was 16.5 The aim of the study was to obtain an estimate of the prevalence of various suicidal behaviors among high school students. They also wanted to assess the proportion of students who had actually made attempts. Finally they wanted to study personal and family variables that might characterize the groups of youths who report varying degrees of suicidal behaviors. The Beck Depression Inventory (BDI) was used, as was a survey of behaviors thought to relate to suicide. The authors cited the fact that suicide rates have tripled for those aged 15-19 in the past 30 years. They saw this fact as "only the visible tip of a iceberg-like problem of depression and self-destructiveness." (p. 313) Results of this study were set in 4 mutually independent groups. These were 117 Nonsuicidal students, 117 Ideators, 46 who were Planners, and 33 Attempters. The BDI was used to identify the number in each group who were markedly depressed. In the Attempter group 42% had that rating. Upon closer examination it was apparent that they had reasons for their depression. Attempters reported chaotic home environments, parent problems including anger, abuse and violence. Many lacked a model of a loving, hopeful, coping adult. Crawford and Smith concluded that their study had helped to determine the percentage of Attempters. They found that approximately 90% of the attempters do not request medical assistance, thus they are not included in current averages. An estimate of the number of American high school age students who have attempted suicide is between 1,567,272 and 2,425,540. In an overview the researchers felt that possibly the Attempters were not the greatest at risk group. These, they said were motivated less by a wish to die than by a wish to gain control over the chaos in their lives. They were action oriented. Planners however, were more internal, troubles with thoughts and feelings characterized them. The Planner tended to be more a "loner," more inhibited and less interactive. This less impulsive, more internalizing style has been found to typify many adults who complete suicide. This work suggested that suicide is a personal concern of most high school students, a serious concern of 1 out of 4, and from 1 out of 8 to 1 out of 12 have actually made an attempt.

Shaffer, David. "Suicide in Childhood and Early Adolescence." Journal of Child Psychology 15 (1974): 275-91.

Shaffer's study was a collection of contemporaneous data on a total population of children who had committed suicide between 1962-1968. The subjects were 14 years of age or younger and lived in England and Wales. Information was gathered from coroners' records, educational records and school interviews, medical, psychiatric and social service records. There were 31 verdicts of suicide over the 7 year period. No deaths were reported before the age of 12. All the cases studied were aged 12-14. There were more than twice as many boys than girls and the group included more tall children and more children of superior intelligence than would be expected in the general population. Antisocial behavior had been reported in most of the children before their deaths. A disciplinary crisis most often precipitated the suicide. In many cases the suicide took place during a time away from school such as skipped school or holiday. In 40% of the subjects previous suicidal behavior was noted. The author felt that might be an underestimation. Records also showed a high incidence of depression and suicidal behavior among the children's parents and siblings.

Maris, Ronald. "The Adolescent Suicide Problem." Suicide and Life-Threatening Behavior 15 (1985): 91-109.

Dr. Maris' paper and research addressed three questions. Is the dramatic change in the adolescent suicide rate an epidemic or an artifact? Second, what makes adolescence a particularly stressful, even suicide producing time in life? Third, what are distinctive traits of the lifestyles of a sample of young Chicago suicides? The adolescent suicide rate has increased drastically. It should be noted however, that this increase comes after the mid-sixties when adolescent suicides tended to be very rare, 5.2 per 100,000 in the age group of 15-24. In 1980 that statistic became 12.3 per 100,000. Maris pointed out that the 1980 rate is very close to that of 1910 which was about 12 per 100,000. This fact coupled with all of the changes in our society caused the author to question why are there so few suicides? The question of the adolescent time of life was discussed. Maris pointed out that in pre-industrial societies people went from childhood to adulthood, and quickly to a situation of work and marriage. In the modern society adolescence has emerged as a life-stage characterized by dormancy, latency, and prolonged preparation for adulthood. Some of the noted problems were lack of acceptable sexual outlets, unemployment or economic inability, and being shut-out of meaningful participation in society. Society has rendered the adolescent relatively impotent, and often lacking a sense of personal identity. In later adolescence (17-24) the main task was to select an occupation and a marital partner. These two areas are both undergoing great changes. About 50% of all first marriages end in divorce. In the job market, some may be working toward a job that will not exist by the time they are prepared. Many women are pursuing careers first, and marriage second, or not at all. In dealing with the traits or lifestyles of the sample of young Chicago suicides, Maris concluded that these young people were revenge motivated, anger, irritation and impulsivity based. They had negative interpersonal relation, made non-fatal attempts and had suicide and divorce in their family of origin. They were also less likely to have financial, work or marital resources. They were more likely to be involved in risk-taking and excessive drug and alcohol use. They tended to be romantic, idealistic and have lower self-esteem and fewer accomplishments than the average. Maris found some traits he believed to be common to adolescent and adult suicide. Those included depression, sense of hopelessness, use of guns, social isolation and the view that death is the only way to escape their intolerable life problems.

Clendenin, William W., George E. Murphy. "Wrist Cutting; New Epidemiological Findings." Archives of General Psychiatry 25 (1971): 465-69.

This research was done in the St. Louis metropolitan area. Police and hospital cooperated by filling out special reports on suicides and suicide attempts. The study ran through 1968 and 1969. There were 869 reports filed. These represented 71 suicide attempts, 128 completed suicides, and 31 suicide threats. Those reported as wrist cutters numbered 65. Wrist cutters in this series tended to be young, the median age was 22.8 for men, and 26.7 for women. A larger number than expected, 40%, were men. The majority of these men, 62% were single. Less than one third of the females were single. These researchers found it striking that over 99% of the subjects in the whole study received medical attention with 96% being seen at a hospital. It was also interesting to note that men and women received qualitatively different treatment. Among all attempters, 66% of the women received immediate treatment in a private hospital or from a private doctor. In contrast only 45% of the men received such care. The researchers concluded that wrist cutters tended to be younger, more often single and with a higher proportion of men than the remainder of suicide attempters. It seemed accurate to assume that wrist cutting and aspirin ingestion were employed by young attempters due to the availability and familiarity of these means. Since women were much more likely to receive care in private or psychiatric hospitals, studies taken from those sources would naturally report a preponderance of women.

Domino, George, Valerie Domino, and Travis Berry. "Children's Attitudes Toward Suicide." Omega Journal of Death and Dying 17 (1986-1987): 279-85.

The participants in this study were 116 junior high school students. They were administered a 56 item Suicide Opinion Questionnaire. This was a revised form of the Likert type Suicide Opinion Questionnaire used for adults, and made up of 100 questions. The results showed little difference between the responses of 6th, 7th or 8th graders. There were only small differences between male and female responses. The students related suicide to depression but not to mental health. They viewed suicide as used for attention getting but ascribed a great degree of lethality to the attempters. An item that associated suicide with being lonely and depressed received 74% in agreement. The researchers found many items showing similar responses as those given to adults. In this survey the majority did not blame suicide on the state of the family, and most seemed to respect the seriousness and finality of the act.

CAUSES DETERMINED BY RESEARCH

Stanley, James E. and James Barter. "Adolescent Suicidal Behavior." American Journal of Orthopsychiatry 40 (1970) 87-95.

Stanley and Barter have done a controlled, long-term follow-up study of adolescent suicide attempters. Their experimental sample consisted of adolescents who had been hospitalized following a self destructive act which was identified as a suicide attempt. These youths were closely matched for age and sex with a control group who were hospitalized due to psychiatric illness. The study took place between June 1962 and June 1965 at the Colorado Psychiatric Hospital. Data was taken on 38 suicidal adolescents and 38 controls. Pre-hospitalization data was obtained, and the average length of follow-up for both groups was 22 months. The researchers purposely selected a control group from psychiatric patients so they could determine specific differences between adolescents who were suicidal compared to psychiatrically ill. They concentrated on three areas of psycho-social adjustment. These were family relationships, social relationships and precipitating events. Results showed that in the suicidal group there was a greater percentage of parent loss before the age of 12. Also family discord was a factor when quarreling involved threats of divorce. Concerning social relationships, 8 variables were tests, none showed a significant difference between the two groups. When precipitating events were investigated, the conclusion was that there was nearly always a crisis involved in hospitalizing emotionally disturbed adolescents. There was no real difference between the groups. Follow-up studies showed about half of the suicide-attempting adolescents continued self destructive behavior after discharge. Patients who made attempts after discharge were shown to have less adequate peer relationships, were less likely to be living with their parents, and had more social agency contact than did those who made no further attempts.

McKenry, Patrick, and Carl Tishler. "The Role of Drugs in Adolescent Suicide Attempts." Suicide and Life-Threatening Behavior 13 (1983): 166-75.

The subject for this study were 92 adolescents between 12 and 18 years of age. All were admitted to Children's Hospital Emergency Room in Columbus, Ohio during 1979 and 1980. Half had attempted suicide and half were non-suicidal. The groups were closely matched for sex and socio-economic status. On intake the patients and their parents were administered a questionnaire by clinically trained interviewers. The suicidal adolescent was clinically assessed by a psychologist. There were 46 suicide attempters, drugs were used in 39 of the attempts. There was a variety of 26 different types of drugs used. In approximately one third of these cases the drug that had been used, belonged to the mother or father. The psychological interview revealed that 43 percent of the adolescent attempters had serious drug problems according to the Thornburg criteria. The researchers noted the limits of their study but felt that it appeared that drug use, and particularly abuse, is a form of self-destructive behavior closely related to suicidal behavior. This problem then should be seen as an implication for intervention. Parental drug problems were seen as indicators of modeling self-destructive coping patterns. The researchers noted that adolescents go through many changes or face frequent stressors in their lives. Their data indicated that the suicidal adolescents were severely disturbed and did not possess the coping skills necessary to deal with these stressors.

Rosenkrantz, Arthur L. "A Note on Adolescent Suicide: Incidence, Dynamics and Some Suggestions for Treatment." Adolescence 13 (1978): 209-13.

In this brief overview Rosenkrantz pointed out that the suicide rate for 15-24 year olds has increased over 250% since 1973. Many more suicides are believed to be unreported. As part of these unreported suicides, the Suicide Prevention Center of Los Angeles has estimated that up to 50% of all suicides are disguised as accidents. The author stated that suicide is often a sudden impulsive reaction to a precipitating stressful situation. The impulsive reaction is seen as being characteristic of adolescents. Rosenkrantz suggested identity problems, blurring of sex roles, and especially loss of a loved one through death or separation as producing a predisposition toward suicide. Some adolescents are faced with the feeling that they are neither loved nor cared about. Rosenkrantz noted that therapy can be helpful. The suicidal attempter, he said, requires intensive therapy either individual or in a group nature.

Pfeffer, Cynthia R. The Suicidal Child. New York: Guilford Press, 1986.

Pfeffer stated that children with depressive disorders are at high risk for suicidal behavior. Doctors, pediatricians or teachers would be the most likely professionals to discover the first signs of suicidal risk in children. The problem is that most professionals don't recognize symptoms and arrange for intervention. With depression and suicidal behavior being under recognized, there is a definite need to educate the professionals. Suicide can be thought of as the ultimate expression of alienation. The patient feels unloved and unworthy of love. Treatment must convey caring and restore faith in the future. Suicide can be conceptualized as a deficiency disease. The deficiency would be that of social connections. Dr. Pfeffer reported that suicide rates were lower in pre-adolescents compared to adolescents. Reasons for this were presented. There was found to be a lower prevalence of depression in adolescents. The family network provided more protection by reducing isolation. It was found that a degree of psychological maturity was required before a child could succumb to despair and hopelessness. Dr. Pfeffer's book predicted that by the year 2000, there would be a 94% increase in adolescent suicides. A notable point was that in her studies, a high percentage of those who commit suicide have exhibited previous suicidal behavior.

Stephens, Joyce B. "Cheap Thrills and Humble Pie: The Adolescence of Female Suicide Attempters." Suicide and Life-Threatening Behavior 17 (1987): 107-28.

Dr. Stephens research was an attempt to identify and describe any common patterns of interpersonal relationships and role experiences that are characteristic of the adolescent period in the lives of female suicide attempters. This was a retrospective study. A sample of 50 women who had made suicide attempts was obtained from mental health clinics. Of the sample 27 had made single suicide attempts, 23 had made more than one attempt. The mean age for all first attempts was 28.5. All income and educational levels were represented and all were Caucasian. The life history method was used as a means of data collection. In every case the subjects described their adolescence as an unhappy time. The subjects believed as adolescents and still believe as adults, that their parents neither loved them nor wanted to care for them. The subjects came from homes with problems such as parents who were alcoholic, mentally ill, abusive, or absent. These women lacked self-esteem and feelings of security, and self-worth. The study found that all of the subjects experienced feelings of depression, guilt and anger, but their responses differed greatly. Two desperate patterns of adaptation emerged. Stephens referred to the patterns as "Cheap Thrills" and "Humble Pie." "Cheap Thrills" labeled the pattern of early defiance, rebelliousness and acting out behaviors. For these girls depression was transformed into rage. They worked at being "bad girls." In contrast "Humble Pie" was a pattern of overconformity. The subjects assumed the responsibility and guilt for the conflicts that surrounded them. They constantly attempted to be good to the point of perfection. Dr. Stephens concluded that the "Cheap Thrills" pattern was expected and corresponded to patterns in other suicide research. The "Humble Pie" pattern was not anticipated. Stephens saw these subjects as more suicidogenic because the learned attitudes toward self and others can become permanent features of the individuals' ways of relating to self and others. These subjects made more attempts and used more violent means. These individuals by their normal actions do not draw attention to themselves and are less able to externalize anger.

Friedman, Jill M., Gregory M. Asnis, Marjorie Boeck, and Justine DiFiore. "Prevalence of Specific Suicidal Behaviors in a High School Sample." American Journal of Psychiatry 144 (1987): 1203-6.

The authors studied the responses of 380 high school students to an anonymous survey concerning their experiences with suicidal behaviors. The sample included 200 males and 180 females who were heterogeneous with respect to race and religion. Chi-square tests were used to identify significant group differences. The groups were; no suicidal behavior, suicidal ideators and suicide attempters. The results showed 146, 38.4%, had never thought about suicide. There were 201, 52.9%, who had thoughts but did not actually try to commit suicide (suicidal ideator group), and 33, 8.7%, stated they had tried to kill themselves (suicidal attempter group). The groups showed some significant differences. The no suicide group had more boys than girls. Reported attempters showed significantly more girls. Ideators and attempters reported more suicidal behavior among family members. Ideators reported more knowledge of suicidal behavior in their associates than the no suicide group. More attempters than ideators reported knowing at least one peer or associate who had engaged in suicidal behavior at some time. Twenty-one (63.6%) of the 33 suicide attempters reported having made at least 2 attempts. Overdosing and wrist slashing were the most commonly used methods. Only 1/3 stated that they had told somebody after the attempt, and half reported that they did not expect to die. The researchers aim was to reflect the spectrum of suicidal behavior in high school students. They concluded that high school students have a high prevalence rate of suicide attempts, even higher than that reported for adults (1-4). Their study also showed that most attempters did not tell anyone before their attempt and most have not reached the attention of mental health professionals. In this study the ideators and attempters do not represent two mutually exclusive groups. One big similarity they shared was a stronger family history of suicidal behavior than the no suicide group.

Harlow, Lisa L., Michael D. Newcomb, and P. M. Bentler. "Depression, Self-Derogation, Substance Use, and Suicide Ideation: Lack of Purpose in Life as a Mediational Factor." Journal of Clinical Psychology (42 (1986): 5-18.

Harlow's group went to extensive detailed description recording the steps, test instruments and comparative results of their research. The model of adolescent behavior examined 722 males and females separately. The model hypothesized that Depression and Self-Derogation may lead to a lack of Purpose in Life, which, in turn, may lead to Suicide Ideation and Substance Use. These were the five constructs of interest that were studied and reviewed. Directional paths were developed between the constructs. Purpose in life could be found on the opposite end of a continuum with hopelessness or meaninglessness at the negative end. The study concluded that their model offered interesting and useful framework for uncovering some important similarities and differences between male and female young adults. The main difference shown was how they each reacted to Self-derogation, Depression, and a lack of Purpose in Life. Women seemed to have direct association between Self-derogation and Suicide Ideation. The relationship with Substance was indirect and was moderated by a Lack of Purpose in Life. Changes in Depression also had strong indirect effect on Suicide Ideation for women. The results differed for the males. For them drugs were more apt to be used directly as a coping mechanism for feelings of Self-derogation. Suicide was considered only indirectly as a consequence of depression or when their life was felt to lack purpose or meaning.

Bailey, Bruce E., William R. Schmidt, Jerry N. Lackey, Mary Campana, Jada Mikeska. "Childrens Suicidal Thinking." Educational Resources Information Center, ED 263-470, presented at Texas University, Austin, Texas (1985).

The purpose of this research was to demonstrate that information could be gathered in an unobtrusive manner, to help determine at what ages and in what numbers children would report suicide as an option to negative circumstances. A total of 1303 children from ages 3-19 were the subjects. Stories were used in which characters faced difficult situations. The subjects projected their own ideas to solve the problems. The authors noted that in a definition of suicide, intentionality is a key element. That is, the person must have intent to take his or her own life or put themself in mortal danger. This brings in high risk behaviors such as reckless driving, certain forms of drug use or such reckless behaviors as walking through fast moving traffic. The researchers noted several findings. direct communication of suicidal projections did not occur prior to 7 years of age. It was reported more frequently from ages 11-14. The researchers felt children from 6th grade on should be included in suicide prevention programs. In high school the projected suicidal ideation was 65%. The study found the most common problem to be personal and emotional problems including depression. Second was family problems. Students who projected suicide also tended to project other ineffectual coping responses, escape being the most common. Females reported considering suicide twice as often as males. The authors believed that depression was indeed occurring and needed to be recognized. They felt too that children may view death as temporary or somehow reversible.

Bailey, Bruce E., et al. "Suicide Ideation Across Populations." Educational Resources Information Center, ED 251-778, Presented at the Southwestern Psychological Association, Austin, Texas (1984).

These researchers sampled 2,386 youths and adults. Over half were students aged 12-19. The method used was to give the subject a scenario in which a character faced life problems. The subject then suggested solutions. In general females projected more suicidal thoughts than males. They also projected turning to friends, family or counseling more often. Over all only 6% of the sample indicated considering counseling. Community size was shown to be a significant factor. Students from smaller communities projected significantly more suicidal ideation than those from larger communities. In two smaller communities all of the female subjects projected suicidal ideation into the character. The survey noted that 43% of those who projected suicide for the character had considered it as a personal option. The authors concluded that suicide becomes a real choice for adolescents when their parents deny or ignore the child's emotional needs, or set unreasonable demands or seemingly impossible standards to live up to. Children need approval and acceptance simply for being good people, not just for accomplishing goals. They can be drawn into feelings of numbness, isolation, and loneliness and lose their personal self-worth.

Schmidt, William R., et al. "Adolescent Suicidal Thinking." Educational Resources Information Center, ED 253-783, Presented at Texas Psychological Association, Austin, Texas, (1984).

The purpose of this study was to demonstrate how more useful knowledge could be gained about the views of "normal" adolescents toward suicide. This survey was voluntary with 217 10th through 12th graders participating. The researchers felt this type of study was very necessary because much suicide research is done on psychiatric patients not "normal" youths. The method used was to present the participant with a story about a character who faced adverse life situations. The subject was then asked to project what action the character might have taken and go on to explain if they themselves had ever considered or taken the action they suggested. The authors felt this type of study could provide useful information for clinicians and possibly help improve services. They found the suicide projection rate to be around 60%. Females reported suicidal thoughts 2:1 over males. The most common problems or reasons given were depression or emotional problems followed by family or peer problems.

INDICATORS SEEN IN ADOLESCENTS

Carlson, Gabrielle A., and Dennis P. Cantwell. "Suicidal Behavior and Depression in Children and Adolescents." Journal of the American Academy of Child Psychology 21 (1982): 361-68.

Carlson and Cantwell stated that in adult suicides approximately 50% suffer from serious depressive disorders. Their aim in this study was to discover the effect of depression as a determinant in adolescent suicides. Subjects were 102 psychiatrically referred adolescents and their parents. Results were based on personal interviews and tests including the Children's Depression Inventory (CDI) and the Beck Depression Inventory (BDI). A family history was also obtained. Of the 102 subjects, 22 admitted to having made suicide attempts. In 59% of those families there was incidence of pure depression, depression and other psychopathology, or alcoholism. The authors drew several conclusions from their study. Frequency and intensity of suicidal ideation increased with chronological age. Most of the children who made attempts that led to hospitalization met the criteria for affective disorder. Those attempts with low lethality were found to be more hostile, less depressed, and more likely to have a history of anti-social behavior. The study did not show any clear connection between severity of attempts and intensity of depression. They did conclude that the relationship of suicidal ideation, depression and depressive disorder is clearer than the relationship between suicide attempts and depression.

Shafii, Mohammad, Shahin Carrigan, J. Russell Whittinghill, and Ann Derrick. "Psychological Autopsy of Completed Suicide in Children and Adolescents." American Journal of Psychiatry 149 (1985): 1061-4.

The Psychological Autopsy work done by Dr. Mohammad Shafii and others is frequently referred to in articles concerning suicide. From 1973 to 80 there was a dramatic rise (530%) in suicidal children and adolescents seen on an emergency basis at the University of Louisville, School of Medicine, Child Psychiatric Department. The study developed from there. The study dealt with 20 completed suicides in Jefferson County from 1980 to 1983. All were 19 years of age or younger. Of the 20 children, 95% were white and 5% black, 90% were boys and 10% girls. The researchers used extensive interviews with the family, friends, relatives and significant others of the victims. These contacts were made 1, 2, 3, 6, and 9 months after the suicide and again after one year. Following that contact was made every 6 months for 3 years. The study used the Psychological Profile of Suicide, a 109 item questionnaire developed by their group. The Louisville Behavior Checklist, a 164 item true-false questionnaire, was used as well as the Million Multiaxial Clinical Inventory, 175 true-false items. Control groups were chosen by using friends of the victims as a matched pair. The study did not find any statistically significant differences between the victims and the control group regarding the following variables: broken homes, overcrowded families, parental dependency on drugs, poor academic performance or being a school dropout. There was a strong correlation between those who expressed suicidal threats, had attempted suicide and also were frequent users of drugs and alcohol. Other factors that contributed to vulnerability were a history of antisocial behavior, inhibited personality, history of emotional problems in parent or self, and parental absence or physical or emotional abusiveness. Shafii found that although many victims were termed inhibited, they had also demonstrated antisocial behavior. This study showed a large number of victims who had also been aggressive or destructive toward others. The strongest conclusion was that suicidal messages from children and adolescents need to be taken seriously. Yesterdays ideation may become the threat or attempt of tomorrow.

Toolan, James M. "Suicide in Children and Adolescents." American Journal of Psychotherapy 29 (1975): 339-44.

Dr. Toolan explained the connection between suicide and depression in adolescents. In the past it was believed that adolescents do not become depressed, this is not the current view. Adolescent suicide rates are rising and some estimates say 50% of all suicides are disguised as accidents. Males consistently outnumber females in deaths by suicide in all age groups throughout the world. Toolan reviewed 900 admissions to the children's and adolescents' units at New York's Bellevue Hospital. Of these, 102 were for suicidal attempts, 18 were under twelve years of age and 84 between twelve and seventeen. Many came from disorganized homes with the father absent. They were characterized as being immature, impulsive youngsters who reacted excessively to stresses (p. 340). Toolan saw a destructive cycle established where the child felt rejected and became angry with his parents. This caused the parents to become increasingly upset with the child and the cycle continued. The youngsters appeared more angry than depressed, unlike older patients who show depression more overtly. Depression was called aggression toward oneself. A loss leading to depression could be an object of love or the loss of a previous state of self. For example the birth of a sibling. First children were disproportionately represented in the Bellevue sample. Also a significant number of the youngsters had lost one or both of their parents. Signs of depression could be acting out behaviors such as delinquency. For older adolescents drugs, alcohol, and sex are used to avoid facing the pain of depression. Excessive boredom, restlessness, and the inability to be alone could also be signs. Poor concentration on studies and a drop in grades are common. These children often complained that they feel isolated and alone. They seemed to lose their self identity.

Tishler, Carl L., and Patrick L. McKenry. "Parental Negative Self and Adolescent Suicide Attempts." Journal of the American Academy of Child Psychology 21 (1982): 404-8.

The researchers point out the failure in existing research to give any clear information, or have any effect on the growing suicide problem. Their study was done using two groups. From the Children's Hospital in Columbus, Ohio 46 adolescent suicide attempters were selected. From the same emergency room, 46 non attempters were selected. The groups were closely matched by age, grade level, father age, mother age, number of family members and socio-economic status. A suicide attempt was defined to include those situations in which a person performs a life threatening behavior with the intent of jeopardizing his/her life or giving the appearance of such an attempt (p. 405). These attempts were divided into high, medium and low. Tishler and McKenry's hypotheses was that parents of adolescent suicide attempters would significantly differ from parents of nonsuicidal adolescents in characteristics indicative of negative self: self-esteem, depression, suicidal ideation, anxiety and alcohol use. Results showed no significant differences in the self esteem or depression scores of mothers. The fathers of attempters showed significantly lower self-esteem, and depression scores. These were still within the "normal" limits for the instrument. Use of alcohol was used as a gauge of a sense of well being. Both mothers and fathers of attempters used significantly more than did parents of non attempters. However the use was not great for any of the four sub groups. The researchers concluded that the study indicated that mothers and fathers of adolescent suicide attempters differed significantly from parents of non attempters on several measures of negative self. They felt that due to the small size and the nonrandom sample, generalizations to a wider sample could not be made.

Toolan, James M. "Suicide and Suicidal Attempts in Children and Adolescents." American Journal of Psychiatry 118 (1962): 719-24.

Dr. Toolan's research was based on a study of 102 children and adolescents. They were all under 16 years of age and had been admitted to Bellevue Hospital, New York. This study was dated 1962. The related statistics were from the year 1958. Some of the reference data was from as far back as 1938. Toolan's article indicated that very little research had been done in the field in the recent past. The white males for outnumbered all other suicide victims. The age group from 10-19 showed 313 male, 107 female Caucasian suicides. Negro males showed only 14 and females 5. Toolan stated that throughout the world the general trend was more male suicides. The females predominated by an equally large margin when it came to attempts. Males prefer firearms and hanging. Females use poisoning more frequently. More suicides were committed by children with siblings and of those over half were the eldest child. Toolan believed many problems started in a disorganized home situation or in a home where the family was not intact. The largest group of the subjects were listed as having behavior and character disorders. They were described as immature, impulsive youngsters who over reacted to stress. Many showed signs of depression. Dr. Toolan concluded that the common denominator in all depressive reactions was the loss of a love object. He saw depression as a serious factor in youth suicide. He felt that the successful recognition of its signs or manifestations would help prevent many serious suicidal attempts. He noted indicators to watch for. Depression, he said, could be exhibited by boredom, restlessness, preoccupation with trivia or it could cause acting out behaviors of delinquency, sexual promiscuity, and use of drugs and alcohol. Finally it could create excessive fatigue, hypochondriacal preoccupation and difficulty in concentration.

Sprito, Anthony, Lorie Stark, and Connie Williams. "Coping in Children and Adolescents: Development of a Brief Scale." Educational Resources Information Center, ED 282-114, Presented in Washington, D.C., (1987).

The authors pointed out the importance of coping skills for people with chronic illnesses. The Coping Strategies Inventory and KIDCOPE have been used to assess these abilities. These instruments were very involved and cumbersome. The authors developed an instrument which was quicker and easier to use. The Adolescent Coping Orientation for Problem Experience Inventory (ACOPE) was designed to be used for those young people with chronic health problems or with mental illness. Some suicides they said were related to mental illness. Such items as social withdrawal, self-criticism, cognitive restructuring and blaming others were directed toward picking out possible suicidal ideation. The authors saw their inventory as a clinical aid allowing the clinician greater opportunity to examine the process of coping and help assess more systematically the coping skills of their patients. The authors noted that the coping process has only minimal consistency within an individual over time. This was a key reason for constructing an efficient easy to use inventory.

Gispert, Maria, Kirk Wheeler, Loralie Marsh, and Maryellen S. Davis. "Suicidal Adolescents: Factors in Education." Adolescence 20 (1985): 753-61.

The researchers studied 82 adolescents ages 12 to 18. Of these 50 were females. All had been admitted to the hospital due to an attempted suicide. All were from low socio-economic backgrounds. Half were at appropriate grade level in school while 45% were usually truant from school or not attending. History of previous suicide attempts were noted in 50% of the persons. The study made use of a modified Children's Depression Rating Scale consisting of 17 questions with a potential additive range of 17 to 85 points. Information about stressful life events was gathered. The study discovered that 40% of the suicidal acts seemed to have identifiable precipitants. Most attempts (78%) were made either in the actual presence of others or in circumstances where the adolescent was likely to be discovered. The most evident outcome of the study was that major stresses during their life span and recent stresses had a great impact on the adolescent. These stresses tended to create feelings of hopelessness, aggressiveness, or dysphoria. Upon examining the whole clinical picture, the elements of depression became more evident in the study. The authors concluded that if further investigation supported their observations it would suggest that special attention should be paid to the angry, unsuccessful and recently stressed adolescent. They would be viewed as high risk for serious and repeated suicidal behavior.

Ennis, Jon, Rosemary Barnes, and Sidney Kennedy. "The Dexamethasone Suppression Test and Suicidal Patients." British Journal of Psychiatry 147 (1985): 419-23.

This research was done in a crisis unit for suicide patients in Toronto, Canada. The Dexamethasone Suppression Test (DST) was used to determine whether the test could identify suicidal patients who might benefit from tricyclic antidepressants. The researchers worked with 103 patients. Their efforts produced little helpful information. Their procedures included several interviews, blood tests and inventories done by the patients over a period of five days. Of the 103 patients, 55 were males - 48 were females (p. 419). Results were available for 72 of these. The researchers concluded that they could not demonstrate any correlation between abnormal DST results and DSM III (Major Depression with Melancholia Test) (p. 421). Some of the problems encountered were alcohol or drug abuse as a basis of the suicide attempt, patient non cooperation, failure to obtain blood samples, and patients signing themselves out. The researchers felt that a biological test to identify patients suffering from depressive disorders would be very valuable, but the DST did not seem to be such a test.

Friedrich, William, Redmond Reams, and Jean Jacobs. "Depression and Suicidal Ideation in Early Adolescents." Journal of Youth and Adolescence 11 (1982): 403-7.

This study was an effort to determine to what extent depression in young adolescents could be predicted. The subjects were 132 eighth and ninth-graders. All were white and upper middle class from Seattle, Washington. Males represented were 59, females 73. The students completed biographical data sheets, a life stress index (LSI), a social support index, the Family Environmental Scale (FES), the Beck Depression Inventory (BDI) and the Sensation Seeking Scale (SSS). A depressed and non depressed group developed. Significant differences were noted. Depression was strongly related to recent life stress, and to the employment status of the father. Family cohesion was inversely related to depression. The authors found suicidal ideation very different from depression, unrelated to recent life stress but greatly related to family social climate, namely less cohesiveness, independence, and organization, and a greater achievement orientation.

Simons, Ronald L., and Phyllis I. Murphy. "Sex Differences in the Causes of Adolescent Suicide Ideation." Journal of Youth and Adolescence 14 (1985): 423-35.

Simons and Murphy used a model that incorporated socio-environmental and psychological factors in an attempt to explain suicide ideation by adolescents. They were specifically looking for sex differences. Their sample included 407 high school students from a midwestern state. There were 255 males and 168 females. The psychological-behavioral variables consisted of emotional problems, hope concerning the future, self-esteem, and delinquent behavior. The socio-environmental variables were absence of parental support, employment problems and interpersonal difficulties at school. Many of these variables are interrelated and all have been found by other studies to be important factors in suicide ideation. The results showed ideation in 32% of the males and 46% of the females. There was no significant difference by grade level. For the males, delinquent behavior was not related to ideation. The best predictor for them was employment problems. Emotional problems were also related to ideation and parental support had a strong impact on the extent of the emotional problems. For the females, delinquent behavior and emotional problems were predictors of suicide ideation. The degree of parental support predicted both delinquent behavior and emotional problems. The researchers saw this as an indication that the etiology and meaning of delinquent behavior may differ by sex. For females such behavior seemed to be a reaction to the family environment and maybe a symptom of depression. Simons and Murphy felt that their study showed two obvious areas of need. Programs should concentrate on strengthening supportive functions of the family. Also employment problems for teens should be seen as a serious concern. In this study it was the strongest predictor of suicide ideation among males.

Shneidman, Edwin. "At the Point of No Return." Psychology Today, March 1987, 55-58.

Schneidman is the founder of the American Association of Suicidology. He has studied suicides both attempted and completed. The psychological autopsy, the process of collecting and compiling postmorten mental histories, was originated by him. He stated several theories on suicide. The victim generally felt helpless and hopeless. Suicide was a movement away from pain. Most suicides communicated their intent in some manner. Suicide was seen as the ultimate departure, or escape. This type of coping pattern could be seen in other parts of their lives. The victims felt pain. A therapist or rescuer would try to lessen the pain and broaden the perspective of the potential suicide. They were too focused on their one answer.

EDUCATORS MEANS OF HELPING

Brent, David A., Robert Kalas, Craig Edelbrock, Anthony Costello, Mina Dulcan, and Noelle Conover. "Psychopathology and Its Relationship to Suicidal Ideation in Children and Adolescence." Journal of the American Academy of Child Psychiatry 25 (1986): 666-73.

The authors used a structured diagnostic instrument, the National Institute of Mental Health Diagnostic Interview Schedule for Children (DISC). They worked with 231 children ages who had been referred for psychiatric treatment. The children's ages ranged from 6-18 with a mean age of 12.96. approximately two-thirds were male and slightly over 50% were white. The research addressed three main questions. First, they attempted to discover if there was a hierarchy of suicidal ideation. A Guttman scale was constructed from the questions pertaining to suicidal ideation. The findings confirmed a hierarchy of suicidal ideation ranging from none, nonspecific (thoughts of death without intent), specific (with suicidal intent), and actual suicidal activity. The second concern was did children with different degrees of suicidal ideation differ as to symptom scores and DSM-III diagnoses which asses behaviors? Here the researchers noted that their sample was taken from a more psychiatrically disturbed population. Certain components of depression were the most significant types of disorders seen in children with more severe levels of suicidal ideation. The third question was what was the relative value of parent and child reports in the assessment of suicidal ideation in this age group? In general the finding correlated to one another. From this portion of the study the researchers felt they learned that when two discordant reports of suicidality are given, the more severe report should receive the greater weight.

Strother, Deborah Burnett. "Suicide Among the Young." Phi Delta Kappan 67 (1986): 756-9.

Strother has gathered and compiled research from several areas. From studying risk factors and behavior patterns, she feels that educators can be a positive force in suicide prevention. A strong link has been noted between depression and severe suicidal behaviors. Other factors including; a family history of alcohol and drug abuse; family breakdown, placement outside the family, symptoms of delinquency or aggression, and conflicts with peers and authority are also seen as risk factors. According to the American Academy of Child Psychiatry, depression and suicidal feelings are treatable mental disorders. Educators can play a critical role in recognizing risk factors and danger signals. They can also aid in educating other young people so that those at risk students can be identified and referred to mental health workers. Some specific educational programs were noted. It was recommended that schools and communities have plans for jointly educating the students and the community in suicide prevention. The Youth Suicide National Center planned to develop and implement training workshops. The State Department of Education in California has undergone a three-year project funded by the state to develop an educational program focused on suicide prevention. In Englewood, Colorado, Cherry Creek School District experienced four suicides in an 18 month period between 1978 and 1980. To cope with this crisis a program of three, 55 minute class periods were arranged. Students learned about suicide, also expressed and explored their own feelings. Teachers for Cherry Creek have undergone 14 hours of special training. Research on the prevention of suicide has focused mainly on early recognition and identification of depression in young people and on ways of developing better coping and communication skills.

Deykin, Eva Y., Chung-Chen Hsieh, Neela Joshi, and John McNamara. "Adolescent Suicidal and Self-Destructive Behavior: Results of an Intervention Study." Journal of Adolescent Health Care 7 (1986): 88-95.

This intervention study was done through the Boston City Hospital in Boston, Massachusetts. The Brockton Hospital (35 miles away) served as a control site. The aim of the study was to determine the effectiveness of an intervention program designed to reduce suicidal, self-destruction behavior among high risk adolescents aged 13-17. Community education and direct service were used. The subjects were taken from those admitted in the hospital emergency room. Direct service was provided by an outreach social worker whose aim was to provide support, be available for counseling and assist the subject in any manner possible. The community education included an eight day conference for court personnel, teachers, peer leaders and health and human services personnel. The study subjects included 172 suicidal, self destructive adolescents and 147 control subjects. The study covered a two year period. During that time admissions due to suicidal thoughts doubled at the Boston City Hospital. Admissions for suicide attempts increased at both hospitals, a slightly greater percentage at Brockton. The data did not show that the intervention was efficacious in reducing repeat suicidal, life-threatening behavior. Its greatest impact was on helping subjects comply with medical recommendations, such as weekly treatments. This accented the fact that in nearly 15% of the subjects poor health was cited as a reason for suicide. Further impact came from the educational program. This was seen as the major cause for the rise in emergency room admissions at the Boston hospital involving adolescents with recurrent, obsessional, suicidal thoughts without self-inflicted injuries. One other point of interest from the study was the review of all deaths in Massachusetts among 13-18 year olds. Those names were cross-checked against the study subjects. Two of the Boston group were identified. Neither death was coded as a suicide by Massachusetts statistics although it was clear from the emergency room admissions that both were suicides.

Cosand, Beverly J., Linda B. Bourque, and Jess F. Kraus. "Suicide Among Adolescents in Sacramento County, California 1950-1979." Adolescence 17 (1982): 917-29.

These researchers abstracted data from coroners' reports which were filed on all cases of sudden, violent or unexpected deaths since 1925 in Sacramento County, California. In the cases from 1950-1979 additional data was gathered from next of kin or other closely associated persons. The total number of suicides identified between 1925 and 1979 was 3,741. This report dealt mainly with the suicides which occurred between 1950 and 1979. This restriction reduced the number of cases to 315 who were between 10 and 24 years of age. Of these, 62% were between 20 and 24, 35% were from ages 15-19 and 3% were between 10 and 14. The ratio of male to female was about 3:1. This study included information on marital status, employment, evidence of psychological problems and other sociological variables such as family and school situations. The researchers concluded that adolescent and young adult suicides are preceded by significant and recognizable manifestations of psychological maladjustment. The way in which the maladjustment manifested itself was remarkably similar across age and sex groups. Males were likely to engage in overt acting out behavior while females made suicidal gestures. Cosand, Bourque and Kraus felt that "the single strongest predictor of suicides among young residents of Sacramento County was severe, long-term psychological disability." This created a problem in adapting to an adult role or coping with trauma. The data indicated that the exhibited behaviors were clearly defined enough so that physicians, police, family, employers and school personnel could be trained to recognize symptoms and precipitators of depression. Through this recognition and through communication with the potential suicide there could be a greater likelihood of prevention.

Berman, Alan L. "Adolescent Suicide: Clinical Consultation." The Clinical Psychologist 40 (1987): 87-90.

Berman pointed out that about one out of two youngsters who completed suicide had come to the attention of the mental health system prior to their death. He also pointed out that we are aware of "signs" of impending suicide and also of risk factors. These facts emplify the problems between the suicidal adolescent, his interpersonal world and the helping community. The author used case histories and follow up care to show certain steps that are normally taken. He noted some definite points that everyone should be aware of. First verbal and behavioral communications of suicidal intent must be taken seriously. Second the professional community and all adults need to take a stand against the availability of firearms. Firearms account for 2 out of 3 adolescent suicides in the United States. Third the survivors must be remembered. Family and peer survivors, especially any witnesses, are now at risk as well. Many carry intense guilt. For some the legacy of suicide is a life long burden and too often it is life-shortening as well. Berman noted the problem faced by a therapist or counselor whose patient committed suicide. This can lead to self-doubt and a lack of confidence.

Grob, Mollie C., Arthur A. Kern, and Susan V. Eisen. "The Role of the High School Professional in Identifying and Managing Adolescent Suicidal Behavior." Journal of Youth and Adolescence 12 (1983): 163-73.

In this study the knowledge, attitude and experience of 80 high school professionals regarding adolescent suicide were addressed through semi-structured personal interviews. Twelve public high schools in the greater Boston area were selected for the study. Of the 80 participants, 27 were guidance counselors, 18 were administrators, 12 were teachers, 11 were nurses, 6 were social workers, and 6 were psychologists. When asked to identify patterns or behaviors which raised their concern about an adolescent's potential for suicide, 70% pointed to depression manifested as sadness, despair or indifference. Verbal or written cues were noted by 60%. Isolation and withdrawal were mentioned by 54%. Respondents were asked to identify individual, familial or sociocultural factors which might make an adolescent more vulnerable to suicide. Of 450 responses made, half of these focused on the impact of the family. Lack of family support, alienation from the family, or parental absence were seen as key risk factors. More than half of the respondents felt that low self esteem and lack of a sense of identity increased vulnerability. Some of these family and individual factors were seen to merge. To deal with the problem of possible suicide, most responses related to mobilizing resources within the school setting to intervene directly with the student. Only 20% of the schools had a formal crisis team. In the survey, 50% stressed the importance of trained professionals within the school system to deal with troubled adolescents. The responses were based primarily on actual observation of distressed adolescents.

Stupple, Donna-Marie. "Rx for the Suicide Epidemic." English Journal, January, 1987, 64-68.

This author worked in a suburban Chicago area school. A suicide and attempted suicide occurred in the school. In this article Ms. Stupple suggested how this problem could be faced in a high school English class through the use of literature such as Romeo and Juliet, Ordinary People or The Bell Jar. After she gained advice and information from counselors and resource people, the author learned more about stressors, depression and danger signs. She was then able to mediate discussions, present questions and offer scenarios that helped the students learn about and clearly face the problem of suicide. The point the author stressed was that young people needed to be able to generate their own answers. They needed better coping skills. These could be improved with cooperative brainstorming and a better mastery of the actual facts.

Johnson, Wanda Y. "Classroom Discussion of Suicide: An Intervention Tool for the Teacher." Contemporary Education 56 (1985): 114-7.

Johnson's research was done in the school districts in Montgomery County, Ohio. Thirteen schools were used. Termed the Adolescent Suicide Project, research was aimed at substantiating the benefits of open communication with students as an intervention tool for teachers. Coroner reports were studied to determine the frequency of suicides among the young people in the area. School districts were asked to respond in questionnaire to questions concerning student suicide or suicidal activities. It was found that school districts drastically underestimated the suicidal activity. The research went on to discover from teachers knowledge of warning signals, understanding of depressive/suicidal behavior, acceptance of these signals as appeals for help, knowledge of appropriate intervention skills and course of action. The research included a study of student attitudes and willingness to approach teachers. Pre and post questionnaires were used on an experimental group in conjunction with suicide presentations. The experimental students showed an increase in willingness to share and confide in their teachers. A more open line of communication appeared to develop in contrast to the idea that suicide prevention programs will instill the idea of suicide in the student's head. The findings showed no increase in thoughts or attempts of suicide. These results indicated that after presentations teachers became more comfortable discussing suicide with a student on an individual basis, but were indecisive as to having suicide as the subject of classroom discussion. Johnson pointed out that it is deadly not to talk about suicide. When not discussed frankly and openly, the idea can seem shrouded in mystery, intrigue, drama and romance to the point of making it seem appealing for its effect. Another common misconception is that if a person attempts suicide and fails, pain and shame will prevent them from trying again. In fact the first attempt is the toughest and 80% of those who commit suicide have attempted at least once before. Another myth mentioned was that expressing bad feelings only serves to aggravate the situation. The effect Johnson stated was the opposite. Putting fear into words serves to diffuse it and make it more tangible and able to be dealt with.

Bailey, Bruce E., and Juliet L. Mathews. "Risk Factors Associated with Suicidal Attempts by College Females." Educational Resources Information Center, ED 281-075, Presented at University of Texas, Austin, Texas (1987).

In this research Bailey and Mathews surveyed 161 female college students. Their goal was to determine whether an adolescent female's relationship with her father was a determinant of her suicidal risk. The subjects were given a 264 item questionnaire. This surveyed family information and socio-emotional information. Results were broken down into attempter and non attempter data. Results showed that relationships with fathers were less important than relationships with mothers. Attempters showed twice as much difficulty in communicating with father or mother. Other data showed that 80% of the attempters personally knew someone who committed suicide. Attempters reported more excessive drinking, reckless driving and use of drugs. Findings showed female college students who had attempted suicide were characterized by a lack of emotional support from their family. In time of stress 56% would not go to their parents for help. Of the nonattempters only 24% would not go to their parents for help or support. It was also noted that this group had at some time worked with or helped a suicide attempter. Bailey and Mathews reported that 15 of their 161 subjects had attempted suicide. They also stated that three United States college students commit suicide daily. They believe that college students need information on how to react and how to assist a person at suicidal risk. Suicide is a multiply determined phenomena and people need to learn how to interact with and aid potentially suicidal individuals. The authors concluded that "if we are going to help persons at suicidal risk we must enable peers and families of these persons to overcome their negative emotional reactions and respond in a more helping and appropriate manner."

Bailey, Bruce E., William Schmidt, Jr., Sarah Bergloss, Lee Ann Nichols, and Joda Mikesa. "A Phenomenological Study of Youth Suicide." Educational Resources Center, ED 279-976, Presented in New Orleans, Louisiana, (1986).

This article was based on research done on 1,098 adolescents in schools in Texas. Their ages ranged from 11 to 20 with a median age of 16. The subjects included Blacks, Hispanics and Caucasians who were given one of 18 scenarios fitted closely to their own age and sex. A character with life problems was presented. the subjects were then asked to recommend a solution. They were further asked if they had ever done that which they recommended. There were 713 responses which attributed suicide to the character. Of these 52% said they had personally thought about suicide and 7% said they had made an attempt. There were no notable differences over grade levels except that a higher percent in the 6th grade indicated never having thought of it before. The largest apparent causes for suicidal thinking were combined problems 23%, affect (depression, anger, loneliness) 21%, and family problems (abuse, lack of concern, poor communication) 21%. The researchers concluded through this study that the "circumstances which youth associated with their suicidal thinking were quite similar regardless of age, urban or rural or ethnicity." Family problems clearly predominated as a circumstance. these authors felt there were no certain types of young people who were more susceptible than others. They felt the study served to illustrate the potentially disastrous effects of seemingly common place events in the lives of children and teenagers.

Renfro, Jean. "Adolescents Do Not Have to Self-Destruct." The Education Digest 6 (1985): 23-30.

Renfro noted some societal factors in the suicide epidemic. Family changes and increasing influence of the peer group put some children at greater risk of either drug abuse or suicide. Renfro found similarities between these two groups related to four self-destructive perceptions: a feeling of impotence or powerlessness; an inability to control or improve one's own environment; a feeling of being unappreciated; and an inability to contribute. These youths often have tunnel vision or lack problem solving techniques and can be overcome by depression. It was pointed out that educators are in a unique position to identify at risk children. They can help reduce barriers to communication, document behavioral changes and work for programs to educate teachers, parents and students. Educators could also teach students to have faith in personal resources to solve problems and develop an internal locus of control. The author felt that the best first step toward prevention would be programs to improve concepts of self-worth. The Seven-Step Plan in Stephen H. Glenn's book, Strengthening the Family, was noted as an excellent start.

Witkin, Gordon. "Groping to Cope with Teen Suicide." U. S. News and World Report, March 30, 1987.

Bergenfield, New Jersey was the site of a group suicide. The town had programs in operation for suicide-prone teenagers. Most of these programs operated through mental health centers, schools, or telephone hot lines. It is evident that many young people are not being reached. A new concern arose for the high risk youths who are dropouts, runaways, or alienated youth. A new angle on "help" programs came from the South Bergen Mental Health Center. There was a need to reach some youth through the police department, probation departments, even rock-music stations and bartenders. Many programs in Bergenfield have used other teens as their eyes and ears, teaching them what to look for, and thus expanding the reach of the programs.

Madison, Arnold. Suicide and Young People. New York: Seabury, 1978.

Madison's book was an attempt to explain and promote understanding of what drives a person to suicide. He noted many case histories, and also explained how various religions or peoples view suicide. He stated that the problem is more widespread now than ever before. Suicide, he said, was an act which the victim knew would result in death. He saw "adult blindness" as a major problem. This referred to adults' inability to see teen problems as real. Madison included a major agency from every state in his book as a possible resource for help. He also listed hot lines and suggested other means of resolving problems.

Smith, Joan M., et al. "The 1984 State Legislative Summary of Children and Youth Issue." Educational Resources Information Center, ED 255-296, Presented at the National Conference of State Legislators, Washington, D.C., (1984).

This is a resume of all pieces of legislation enacted by the states in 1984. There were 602 pieces of youth legislation. Two of these dealt directly with teen suicide. California's legislation was a call for a review of current programs relating to suicide and suicide attempts. This was to be reported on by January 1, 1986. Florida's legislature created The Florida Youth Emotional Development and Suicide Prevention Act.

SUMMARY

Every year in the United States, 20,000 people choose to end their lives by committing suicide. Many more deaths of this nature go unreported. The rise in the suicide rate among adolescents has been drastic. Maris (1985) reported 5.2 suicides per 100,000 people in the 1960's compared to 12.3 per 100,000 in 1980. In the past two decades research dealing with adolescent suicide has increased in response to the rise in incidence. This current research has focused mainly on gathering information, determining causes, specifying indicators, and improving intervention programs.

While it is clear that there is a definite and sharp rise in adolescent suicide, it is difficult to know the accuracy of our data and information. Some researchers believe that many suicides are not reported as such. Because of the stigma attached to a suicidal death and for the sake of those who remain, the cause of death may be listed as something other than suicide. Berman (1987) stated that the loss of a loved one in this manner places a heavy burden of guilt on those left behind. It can be so oppressive that it, in itself, is life-threatening or life-shortening. In the study by Deykin et al. (1986) two known suicides from their Boston Hospital group were coded by the state of Massachusetts as death from some other cause. Bakwin (1973) believed that as many as 50% of all suicidal deaths are

not reported. Therefore when statistics and data on suicide are given, it is possible that they may not be totally accurate or complete.

Despite these inadequacies in reporting, researchers have had certain facts to work with. Holinger (1978) reported that males commit many more suicides than females by a ratio of 2-3:1. However females make many more attempts. Bakwin (1973) pointed out that males were more successful due to the lethality of the means they chose. Males used hanging and firearms more frequently, while females used pills, razors or suffocation. Toolan (1962) stated that throughout the world the incidence of more male suicides is the rule. Holinger (1978) noted that in the United States incidence rates of suicides were similar in white and non whites.

The period of time termed adolescence covers the ages from 5 to 24. This is broken down into ten year segments, 5-14 and 15-24. The first group has a much lower incidence of suicide. This is fairly easy to understand. Shaffer (1974) noted in his study that there were no deaths by suicide in children before the age of 12. His sample included all reported suicides in England and Wales over a 7 year period. Pfeffer (1986) noted this difference also. She believed that there was a lower prevalence of depression at that age and also that the child was more sheltered by their family at the younger ages. She said this would reduce their feelings of loneliness and isolation and that a certain degree of psychological maturity was required before a child could be overcome by despair.

The incidence greatly increases with age. Holinger (1978) found that the rates for 15-24 year olds had doubled in the past 15 years. They have reached the highest rate ever recorded in this country for this age group since National Mortality Statistics were begun in 1900. Bailey et al. (1985) found that in high school age adolescents, suicidal thoughts were common to as many as 65%. He also noted in a later study (1987) that three college students commit suicide every day.

With the rate of adolescent suicide so great and ever increasing, a prominent researcher still asked, "Why aren't there more suicides?" (Maris 1985) Many reasons were given for that comment and also to help explain why some young people feel so desperate that they take their own life. Maris (1985) noted that adolescence is a transitional time that continues longer now than at any time in our past. In pre-industrial societies a step was taken from childhood into adulthood at a relatively young age. This frequently placed the subject in a situation of work and marriage at an age of 15 to 19 years. Today Maris says those ages are included in a life stage known as adolescence. It is a period that is characterized by dormancy and a prolonged preparation for adulthood. It is a time of employment difficulties, lack of acceptable sexual outlets, and little meaningful participation in society.

Coupled with this very stressful time of life many young people are trapped in a home environment which increases the likelihood of them turning to suicide. A major problem is poor parental example. Smith and Crawford (1986) reported that many

attempters came from a home where parents had poor coping skills themselves. There may have been no example of a loving, caring, coping adult. Tishler and McKenry (1982) found that many parents of attempters had low self-esteem and turned to drugs or alcohol as a means of working through their problems. Use or abuse of drugs or alcohol was seen by researchers as exemplifying poor coping skills in that it is a form os escape, as is suicide. Shafii et al. (1985) found a strong correlation between those who expressed suicidal threats, had attempted suicide and were also frequent users of drugs and alcohol. McKenry and Tishler (1983) described this abuse as a self-destructive type of behavior. In their study, 43% of the adolescent attempters had serious drug problems. Stephens (1987) stated that adolescents felt a strong need for love and support from the family unit. When a parent was alcoholic, mentally ill, abusive, or absent, risk for the child was greatly increased. These children learned to believe that they were neither loved nor wanted. Stanley and Barter (1970) echoed the importance of the family. The suicidal group in their study had a greater percentage of parent loss before the age of 12. Also family discord was a factor when threats of divorce were involved. Patients who made repeated attempts had less adequate peer relationships and were less likely to be living with their parents.

The results of these factors produce what Pfeffer (1986) termed a deficiency disease. The deficiency was that of secure social connections. Feelings of loneliness, lack of self-worth and depression resulted. When these feelings were present it was

easy for an adolescent to turn to readily available means of escape. Clendenin and Murphy (1971) believed that was the reason for the high rate of attempts with wrist cutting and ingestion of drugs. McKenry and Tishler (1983) reported that in one third of their cases, the drugs used belonged to the mother or father.

Many researchers agreed with Maris (1985) that any history of suicide in the family of origin had a strong negative effect on the adolescent. Shafii et al. (1974) found a high incidence of depression and suicidal behavior in the parents and siblings. Friedman et al. (1987) found ideators and attempters both had a stronger family history of suicide than their no suicide group.

Bailey et al. (1985) believed their study showed that some young people had an unrealistic view of death. They did not see their attempt as possibly being fatal. Domino, Domino and Berry (1987) however found young people had a respect for the finality of death. Smith and Crawford (1986) felt these victims simply saw too much pain and lack of hope in their situation. For them suicide was a last desperate attempt to gain some control over the chaos in their lives.

A person who was seriously considering suicide might indicate their feelings in a number of ways. The most obvious would be some type of an attempt. Berman (1987) stated that any behavioral or verbal communication of suicidal intent should be viewed as extremely serious. Shafii et al. (1985) also noted that suicidal messages should all be viewed as serious. He added that yesterday's ideation may become the threat or attempt of tomorrow.

Another strong indicator of a possible suicidal individual was depression. Many researchers agreed that there was an evident link between depression and suicide. Brent et al. (1986) found that certain components of depression were the most significant types of disorders seen in children who exhibited severe levels of suicidal disorders. Carlson and Cantwell (1982) reported a clear relationship between suicidal ideation and depressive disorders. In a study done by Freidrich, et al. (1982) depression was related to recent life stresses and to the employment status of the father. Also found was an inverse relationship between depression and family cohesion.

Toolan (1975) also saw depression as an indicator. He said such feelings could be precipitated by the loss of a love object or loss of a previous state of self. This could refer to a new sibling in the family, thus changing the status of the first child. In another study, Toolan (1962) found that more suicides were committed by children with siblings, and over half of them were the eldest child. Gispert et al. (1985) found that the impact of stresses, recent and over a life span could bring on feelings of depression.

Researchers indicated that depression could be created by a number of different events during adolescence. It could also manifest itself in several maladaptive behaviors. In a study by Stephens (1987) which involved only women, depression was expressed in two general forms. In one pattern of behavior, depression was exhibited as defiance, rebelliousness, and acting out behaviors. In contrast, some subjects reacted with feelings

of guilt and over conformity. They attempted to be good to the point of perfection. This effort had a tendency to perpetuate the feelings of depression. Toolan (1975) said depression was observable as excessive boredom, inability to be alone, a drop in grades, difficulty concentrating, unusual fatigue or hypochondria. He included acting out behaviors for older adolescents, stating that drugs, alcohol and sexual promiscuity were used to avoid facing the pain of depression.

The problem of adolescent suicide is increasing. There are many causes and many signs to look for in disturbed youth of today. Researchers are seeking to discover a means of recognizing and aiding these young people. Berman (1987) believed that the professional community and all adults need to take a stand against firearms as they account for two out of three adolescent suicides. Stupple (1987) suggested the use of literature to key on the suicide problem. Romeo and Juliet offers a perfect opening for discussion of the suicide problem and also discussion of alternative behaviors.

Grob, Kern, and Eisen (1983) did research in schools and communities. They recommended mobilizing resources within the school to intervene directly with the student. In 20% of their schools, crisis teams were available. Strother (1986) pointed out that some schools and communities worked together to provide suicide prevention information. California set up a three year project focused on suicide prevention. Strother noted that research on prevention of suicide has focused mainly on early

recognition and identification of depression in young people and on ways of developing coping and communication skills.

Cosand, Bourque, and Kraus (1982) believed that certain behaviors associated with depression and suicide were recognizable and police, physicians, family and school personnel could be trained to recognize these.

Bailey and Mathews (1987) reported that three college students commit suicide daily. Most of these, they said, would not have turned to their family for help. These researchers believe this points out how important it is for young people to be informed about suicide and to know how to respond to their peers in a helping and appropriate manner.

Renfro (1985) felt that programs to improve concepts of self-worth would be valuable to all young people.

New programs instituted in Bergenfield, New Jersey, the site of a highly publicized group suicide were mentioned by Witkin (1987). These are aimed at trying to reach drop outs, runaways and other alienated youth.

Another solution was presented by Simons and Murphy (1985). They felt that attention should be paid to the employment problems of youth and ways should be found to strengthen the supportive functions of the family.

CONCLUSIONS

Specific information and accurate data on adolescent suicide is not always available, but the drastic increase is still evident. Research is aimed at discovering the causes that bring on this phenomena. Links have been established with depression, drug and alcohol abuse, and histories of suicide in families.

Adolescence is recognized as a difficult time, especially for those young people who have a stressful home life. Poor coping skills and a lack of a positive loving adult model can be very harmful to the adolescent.

Researchers have tried to identify behaviors that would indicate the possibility of suicide. The most obvious sign would be an attempt or a verbal threat. These must always be treated with the utmost concern.

No certain answers are available at this time, and it is safe to assume that no easy answers will appear. Educators could have a positive effect on this problem. By passing on knowledge and understanding of causes of suicide and by creating awareness of certain indicators of suicidal thinking, educators might be able to save lives. At the very least, shedding the light of knowledge on this subject will help allow the young to better understand themselves ad their peers.

RECOMMENDATIONS

It is recommended that:

1. Schools should be encouraged to incorporate a mini unit on suicide. This could be as simple as the use of one or two films, and the distribution of information. A unit of this type could be a part of the curriculum in a Current Events, Sociology, Psychology, Health, Careers or Literature class.
2. The subject of suicide should be discussed openly after making students aware of facts associated with it. Students should be made to realize the importance of coping skills, and how to brainstorm solutions to their problems.
3. Information in the form of readily available pamphlets should be provided in schools. Students must be able to find out easily where to go for help.
4. A national organization directing its attention toward the young should be created. Groups such as MADD (Mothers Against Drunk Driving) and SADD (Students Against Drunk Driving) have had an effect on alcohol abuse. The "Just Say No" movement helps point out the dangers of drug use. In the same manner the development of SOS (Save Our Students) could have a positive effect on reducing adolescent suicide. Through the use of the media and special school or community programs, a greater awareness of the threat of suicide and the importance of the family unit could be made known.

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